

Community Health Services

2005 ANNUAL REPORT



*CHS provides access by
opening doors to medical and dental care...
one community at a time.*

Community Health Services

Administered by the Washington State Health Care Authority
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MISSION

Promote access to quality and affordable health care for the uninsured and underinsured.

GOALS

- Promote access to health care one community at a time.
- Increase accountability of quality services provided by safety net contracted clinics.
- Enhance communication between CHS, federal, state, local and tribal entities.
- Develop research opportunities for CHS.



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COMMUNITY HEALTH SERVICES 15TH ANNUAL REPORT

Two of government's biggest challenges are skyrocketing health care costs, and the demand to "do more with less." Community Health Services has combined those two challenges by spending less on administration so we can spend more on the community clinics that create health care's most critical safety net.

Through a process of infrastructure assessment and analysis, CHS improved its efficiency and effectiveness by identifying and aligning processes, functions, measurements and accountability. Strengthening our infrastructure has allowed the CHS team to reliably deliver services while increasing flexibility to assist our customers.

Improvements at CHS during the past year include:

- A 50 percent reduction in staff time processing grant applications.
- Imaging of thousands of historical documents including grant applications, audits – maintaining integrity, safety and accessibility of documents.
- Data analysis – with the new system we are able to analyze and produce reports in a timely manner.
- Cultivating future health care leaders through internships for nursing and dental students – exposing students to special populations and encouraging them to pursue careers providing professional healthcare services for this population.
- A re-design of site visit tools which set a higher level of accountability for contractors by better measuring their quality of services.

I believe these improvements form the foundation that builds upon the leadership, vision and strong ethical practices of CHS staff. Our increased focus on quality will improve efficiencies and lower cost, allowing CHS to channel even greater efforts to promote access to health care, one community at a time.



Loly Reyes-Gonzalez
Executive Director

CHS GRANT PROGRAM

In 2005, with a budget of just over \$11 million, CHS-funded clinics served hundreds of thousands of people who had no other place else to turn for health care. Contracting with 33 not-for-profit health organization commonly referred to as Community Health Clinics, CHS helped to provide a series of medical, dental and migrant services for low-income and special population throughout Washington.

The target population for these grant fund services is people at/or below 200% of Federal Income Guidelines (FIG) with no other health care coverage.



Columbia Basin Health Association – Othello

The community clinics are serving their communities by providing a wide variety of services. The following services are provided by most of the clinics either on-site or by referral:

- Primary Health Care Services
 - Periodic Screening of Children and Adults
 - Well Child Care
 - Family Planning
 - Perinatal Services
 - Preventative Health Services
 - Comprehensive Dental Services
 - Acute/Episodic Medical Care
 - Management of Chronic Medical Problems
 - Eye and Ear Exams for Children and Adults
- Support Services
 - Basic Diagnostic Lab
 - Diagnostic X-Ray
 - Pharmacy
 - Medical Specialty Consultation
 - Transportation Arrangements
- Supplemental Health Services
 - Emergency Dental Services
 - Diagnostic & Restorative Dental
 - Social Services (State and/or Local)
 - Mental Health Services
 - Community Outreach
 - Language Translation
 - Health Education
 - Home Health Services
 - Nursing Home/Extended Care Services
 - Rehabilitation Services



Columbia Basin Health Association – Othello



Pacific Lutheran Dental Mobile Unit – Tacoma

REMOVING BARRIERS TO HEALTH CARE

More than just a place to receive health care services, Community Clinics frequently become a cultural hub for the populations they serve. In attempting to increase access to those they serve, the Clinics wage battle to remove numerous barriers to health care. These barriers, whether perceived or real, can result in adverse health outcomes.

- Transportation difficulties
- Lack of English proficiency – some clinics reported up to 46% of their patients were non-English speaking (Spanish and an increase of Russian speaking patients)
- Number of physician available treating patient without insurance or on Medicare/Medicaid
- Lack of quality healthcare
- Social isolation – elders, patients living in rural communities
- Financial constraints
- Coping with cost of prescription medication – affects compliance of medical treatment
- Disparities in quality of care delivered to culturally diverse patients

CONTRACTED CLINICS

Community clinic are located statewide as displayed on the map on the opposite page and have an array of delivery sites and forms. Community-based clinics are a convenient entry point into the health care system for thousands of underserved and uninsured Washingtonians. Table 1 lists CHS contracted clinics in Washington State

Table 1: Clinic Contractors in Washington

Clallam Bay Medical Clinic
Columbia Basin Health Association
Columbia Valley Community Health
Community Health Association of Spokane
Community Health Care
Community Health Center La Clinica
Community Health Center of Snohomish County
Community Health Centers of King County
Country Doctor Community Health Centers
Cowlitz Family Health Center
Family Health Centers
Interfaith Family Health Center
International Community Health Services
Jefferson Healthcare
Mattawa Community Medical Clinic
Moses Lake Community Health Center
NATIVE Health of Spokane
N. E. Washington Health Programs
Olympic Medical Center
Pacific Lutheran University, Wellness Clinic
Peninsula Community Health Services
People's Clinic
HMC/Pioneer Square Clinic
Port Gamble S'Klallam Tribe
Providence (Health and Education Center)
Centralia Hospital
Puget Sound Neighborhood Health Centers
Sea Mar Community Health Centers
Shoalwater Bay Tribal Clinic
Seattle Indian Health Board
Skagit Valley Hospital: Camano Community
Health Clinic
Whidbey Community Clinics
Yakima Neighborhood Health Services
Yakima Valley Farm Workers Clinic

The CHS contracted safety net of medical providers (104 sites):

- 20 Community Clinics are FQHC (Federally Qualified Health Centers) or FQHC look-alikes. These clinics qualify for a higher level of federal funding.
- 3 Community Clinics are Public Health Hospital Districts
- 2 Community Clinics are Urban Indian Health Clinics

The CHS contracted safety net of dental providers (72 sites):

- 20 Community Clinics are FQHC or FQHC look-alikes
- 4 Community Clinics are Public Hospital Districts
 - (4 Mobile dental clinics)
- 4 Community Clinics are Rural Health Clinics
- 2 Community Clinics are Tribal Clinics
- 1 Community Clinic is Urban Indian Health Clinics

The CHS contracted safety net migrant providers

- 17 Clinics throughout the state participate in the Migrant Program

COMMUNITY HEALTH CLINICS



Legend

	Tribal		Dental, Medical, & Migrant
	Mobile Dental		Dental & Migrant
	Medical		Dental Only
	Medical & Migrant		Dental & Medical

MEDICAL PROGRAM

In 2005, CHS contracted clinics reported a total of 719,442 unduplicated patient visits. Of that total, 143,823 patients were funded all or in part through CHS.

Figure 1 shows that CHS contracted clinics continue to see more patients every year. However, as shown in Figure 2, the number of potential patients grows far faster than the clinics' capacities could possibly serve.

The rising trend in residents below the 200% FIG (particularly in the 100% to 199% range) could be attributed to a variety of factors: increased unemployment, an increasing number of employers eliminating health care benefits, and a variety of socioeconomic issues. As we continue to face these and new challenges, Community Health Services, safety net for the uninsured and underserved, will continue its commitment to support the community.

Figure 1: Medical Sliding Fee Visits

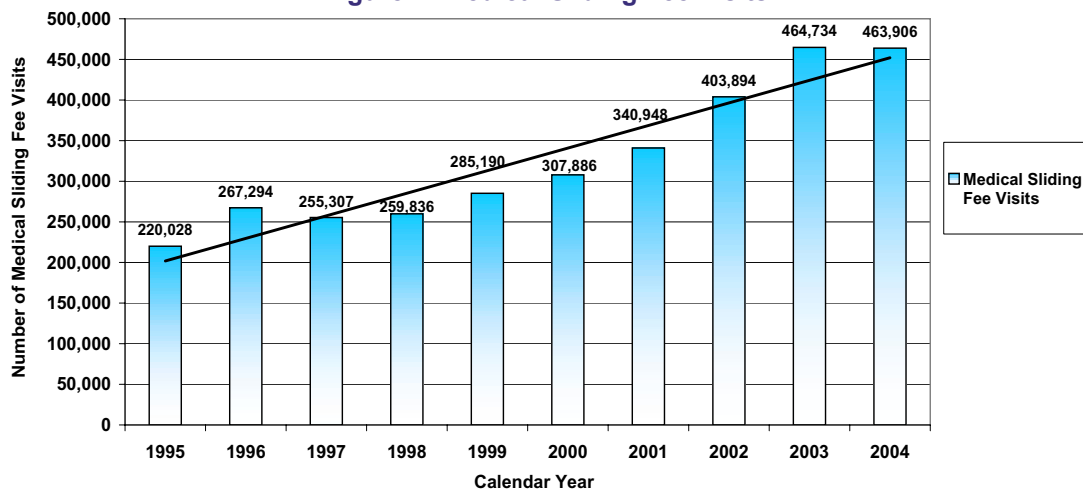
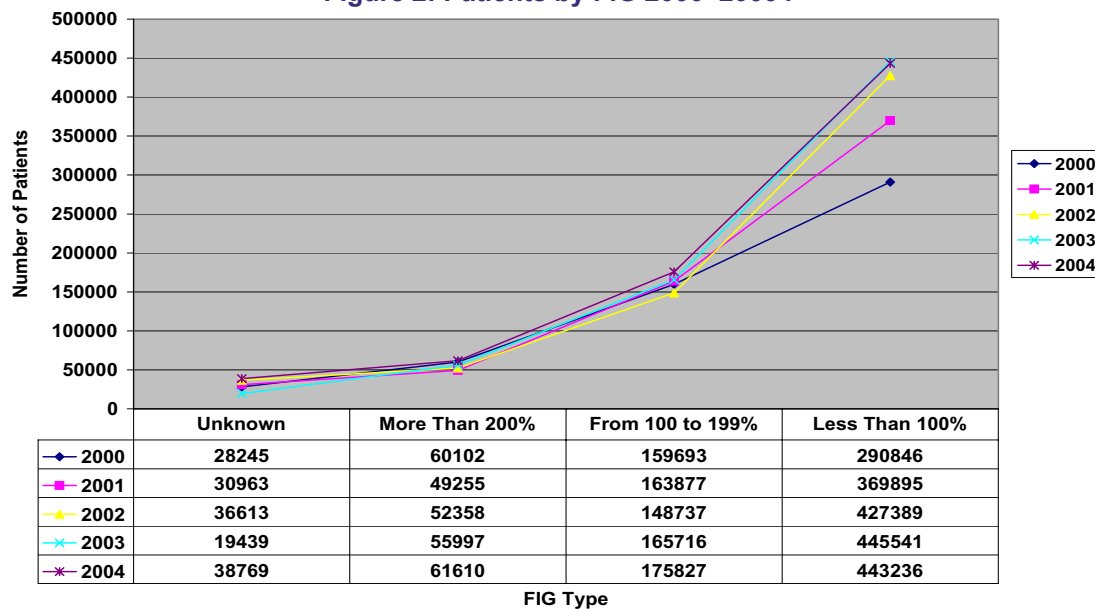


Figure 2: Patients by FIG 2000–2004



Peninsula Community Health Services – Bremerton

DENTAL PROGRAM

Dental Program funds provide the final safety net for access to dental care in Washington State. The dental dollars support oral health issues and increased access for people of all ages at/or below 200% of the Federal Income Guidelines (FIG) with no other dental coverage.

In 2005, contracted dental clinics provided services for 56,320 patients on a sliding fee scale. Contractors also reported productivity through Relative Value Units (RVU's) which assign a time unit to every dental procedure code. The Dental Relative Value Units (RVU's) provide a management tool linking the providers available, the needs of the patients, and the services delivered.

Figure 3: Dental Sliding Fee RVUs

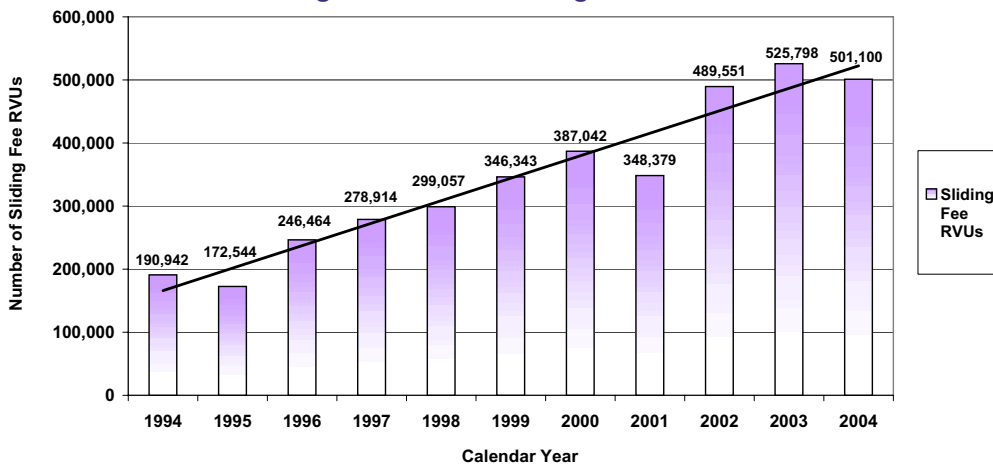
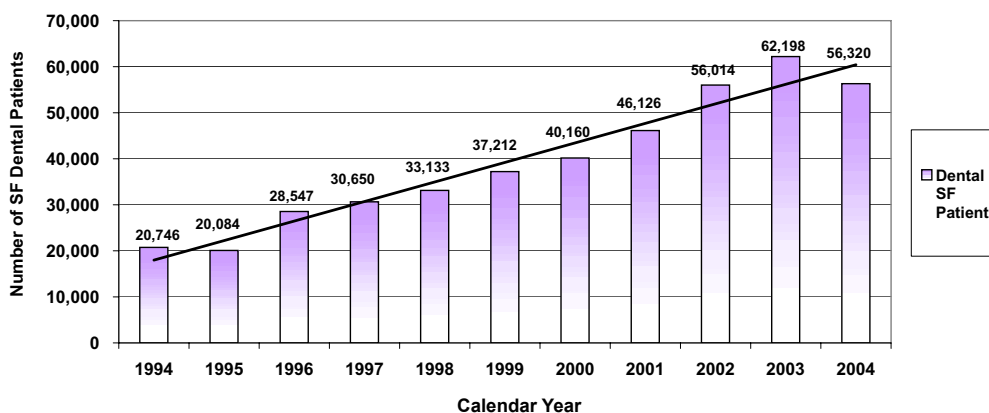


Figure 4: Dental Sliding Fee (SF) Patients



As shown in Figures 3 and 4, the number of Sliding Fee visits and the numbers of RVU's decreased in 2005. The reported decrease has been attributed to changes in Medicaid and an increase in the complexities of the visits which has reduced the number of appointments available. Figure 5 provides a more detailed distribution of the types of RVU's/ procedures provided at the community dental clinics.

In the dental field additional barriers exist and these barriers prevent people from seeking dental care. Some of them include dental fears, little understanding of the importance of prevention and oral health's role in a person's total physical health.

The lack of access to dental/oral health care causes people to not get jobs/keep jobs, increase in work and school absenteeism and poor general health.

In addition to working with CHS contractors and stakeholders the CHS Dental Program is an active participant in the following statewide activities while keeping current with state and national oral health trends:

- The provision of dental/oral health expertise for internal and external customers and outreach services;
- Inter-local Agreement between the Department of Social & Health Services (DSHS) & HCA to provide dental expertise;
- Preceptor/coordinator for Internship Program with nursing and dental hygiene students;
- Collaboration with statewide and local Oral Health Coalitions;
- Liaison with the Governor's Office and sister agencies on Public Health Week, Minority Health Month & National Disability Employment Awareness Month.

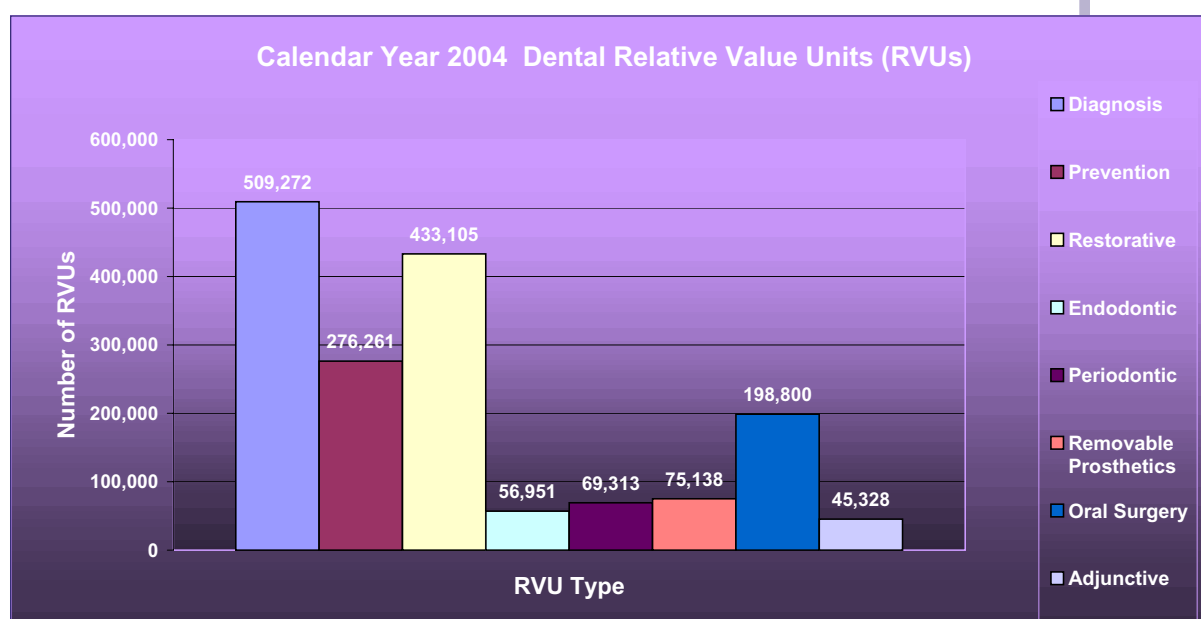


Figure 5:
Dental
Relative
Value Units
(RVUs)



Community Health Care – Lakewood

MIGRANT PROGRAM

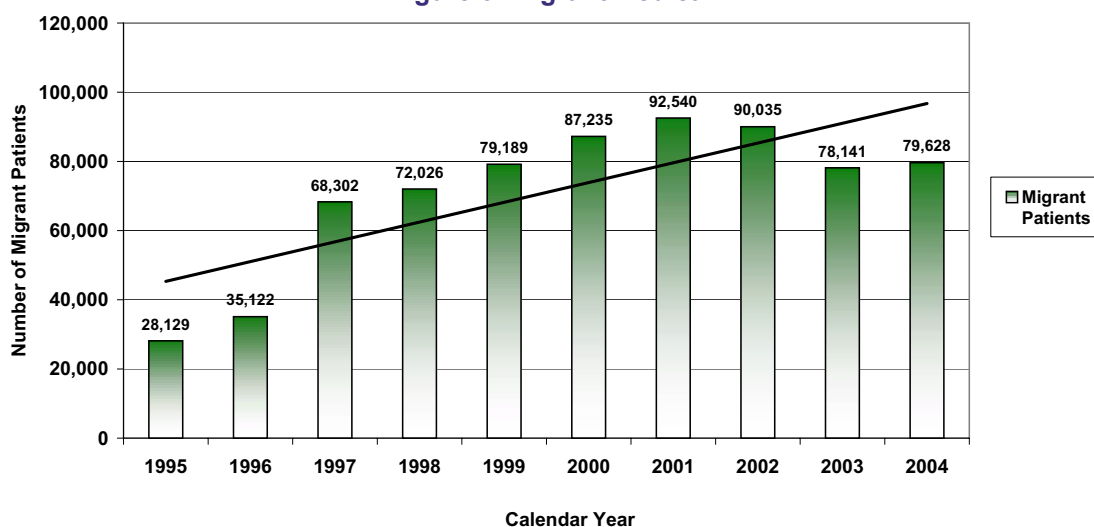
A total of 17 clinics participate in the Migrant Program throughout the state. In fiscal year 2005, 26,937 sliding fee medical and dental migrant patients received care through this program. Figure 6, illustrates 79,628 as the total number of migrant patients receiving services at the community clinics. Some of these

patients have insurance, others do not. Some pay on a sliding fee basis. The clinics utilize migrant funding to support the population by providing culturally appropriate services which utilize multilingual providers and support staff.



Community Health Care – Sumner

Figure 6: Migrant Medical



TRIBAL

The Health Care Authority formalized a tribal liaison role in 2003 to serve as a point of contact for the 29 federally recognized tribes in Washington and advocate on issues raised by Indian communities, tribal governments, and Indian organizations.

The position was assigned to CHS and the function was incorporated into the program's business plan.

The initial 2003-05 CHS tribal goals were to:

- Ensure communication and collaboration with tribes to provide access to CHS.
- Establish and maintain relationships with tribal clinics that are not current contractors



N.A.T.I.V.E. Project – Spokane

Since 2003, HCA has conducted approximately 35 site visits for the purpose of collaboration and to seek potential partnership opportunities with tribal clinics and urban Indian clinics. The results of these visits include:

- Ongoing contact with the Seattle Indian Health Board, which has been a contractor with CHS since its formative years in 1985.
- SFY 2004, Port Gamble S'Klallam Tribe was the first tribal operated clinic to be awarded a CHS grant for medical and dental.
- In SFY 2005, Shoalwater Bay Tribe was awarded a CHS grant for medical. SFY 2006, funding includes both medical and dental.
- In SFY 2005, Spokane N.A.T.I.V.E. Project was awarded a CHS grant for medical. In SFY 2006, funding includes both medical and dental.

Therefore, CHS currently funds two Urban Indian health clinics: Seattle Indian Health Board and the Spokane N.A.T.I.V.E. Project, and two tribal Indian clinics: Port Gamble S'Klallam and Shoalwater Bay Tribes. In Figures 7 and 8 we can see steady increases in patient utilization.

Our ongoing strategies to achieving our goals and objectives are to:

- Establish and maintain relationships with tribal clinics that are not current contractors.
- Improve CHS-tribal communication and working relationships to provide access to programs and staff expertise.
- Research alternatives to educate and disseminate cultural competencies in health care and evidence-based practices relevant to tribal communities.

Figure 7: Native and Urban Indian Clinics Medical Patients

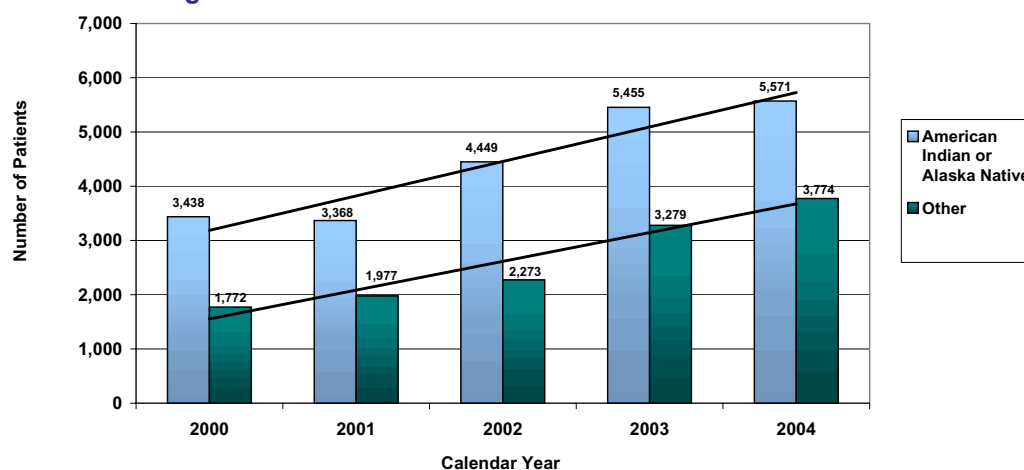
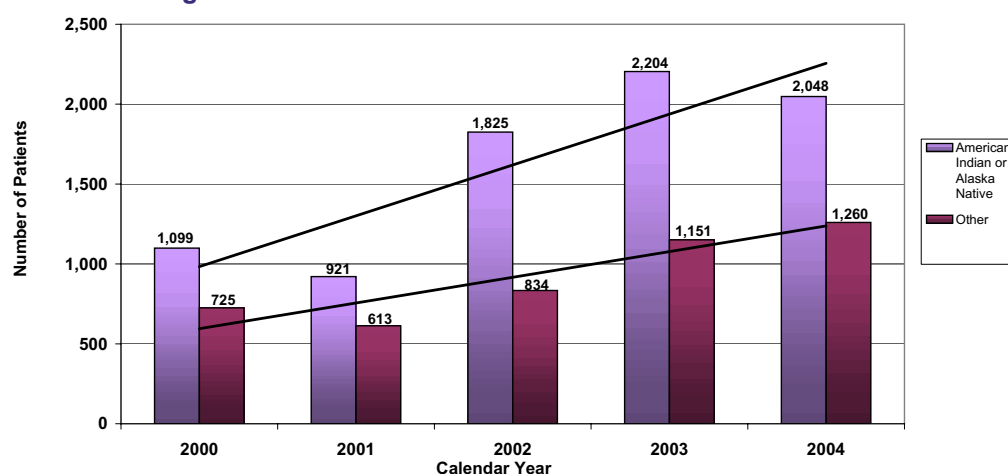


Figure 8: Native and Urban Indian Clinics Dental Patients



FUNDING

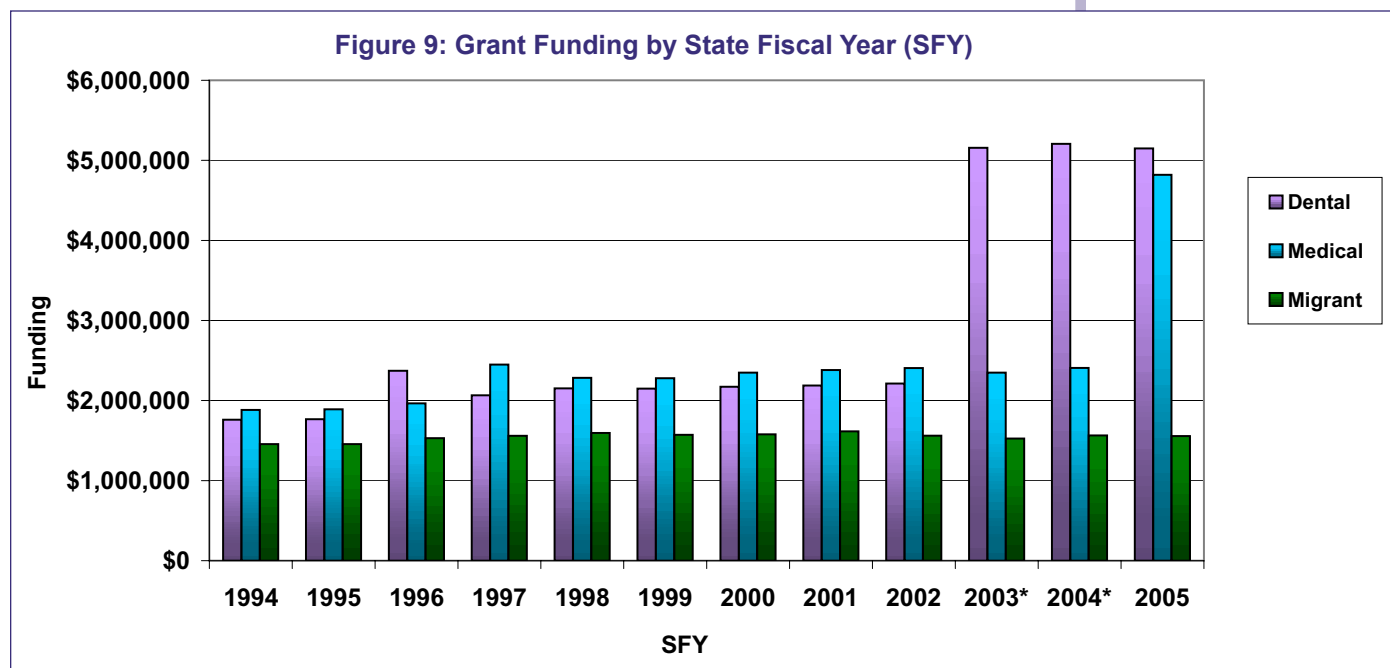
In State Fiscal Year (SFY) 2005 a total of \$11,043,767 dollars in grant funding was allocated to eligible organization. These contractors were provided with much needed financial support to assist in responding to the increase need of health care services to the uninsured and underserved populations throughout Washington.

Table 2 illustrates the approximate distribution of funds by counties. Keep in mind that some of the contractors have satellite clinics in one or more counties. CHS does track funding by contractor's corporate office location.

**Table 2: Community Health Services
Funding SFY 05**

County	SFY 05 Funding
Adams	\$560,417
Chelan	\$409,539
Clallam	\$129,931
Cowlitz	\$173,116
Franklin	\$501,653
Grant	\$500,864
Island	\$107,894
Jefferson	\$116,327
King	\$4,168,867
Kitsap	\$301,783
Lewis	\$132,648
Lewis	\$132,648
Okanogan	\$278,863
Pacific	\$78,900
Pierce	\$488,977
Skagit	\$86,891
Snohomish	\$248,958
Spokane	\$454,749
Stevens	\$122,460
Whatcom	\$138,014
Yakima	\$2,042,916
Total Funding	\$11,043,767

Figure 9 displays grant funding by SFY from 1984 to 2004. Note that in 2003 there was an increase in dental funding. This was due to an increase of approximately \$3 million dollars on Non-Citizen Immigrant (NCI) funding for dental and translator services.



CHS FINANCIAL INFORMATION

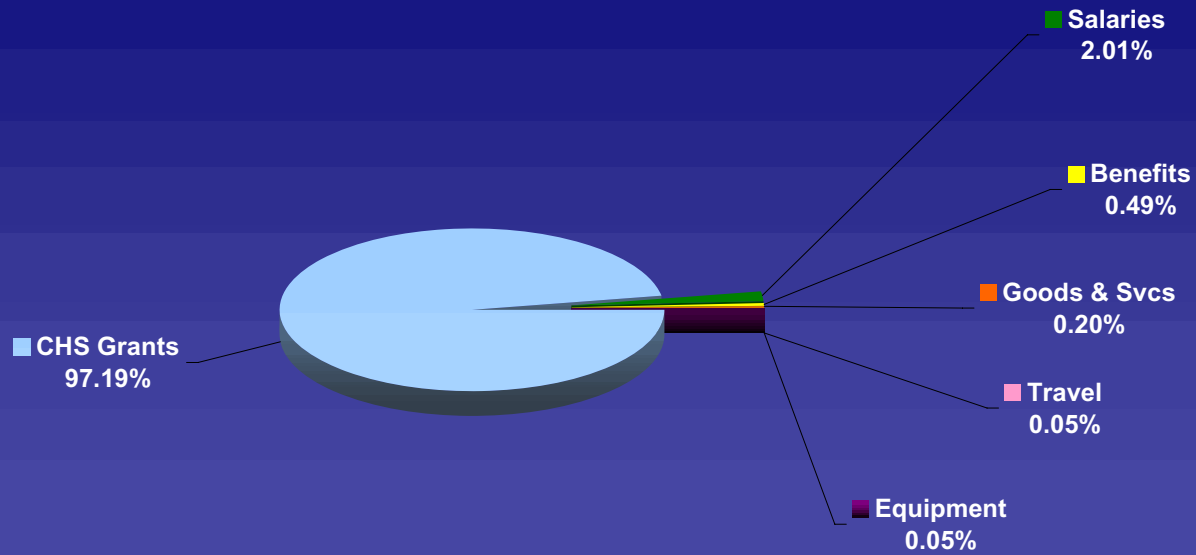
SFY 2005 CHS GRANTS AND ADMINISTRATIVE COSTS

Funds allocated for SFY 2005 include \$11,575,063 for grants and \$478,737 for CHS administrative funding for a total allocation of \$12,053,800. In SFY 2005, CHS awarded \$11,677,763 in grants and spent \$321,680 in administrative costs for a total of \$11,999,443 with an ending balance of \$54,357.

SFY 2005 CHS Grant Awards	
Initial Award	\$11,170,051
Special Projects & Emergencies	3,774
Reallocation Award*	503,938
Total Grants	\$11,677,763

* Reallocation award includes \$351,153 grant funds & \$152,785 administrative savings.

SFY 2005 CHS Grants and Administrative Costs



SFY 2005 Administrative Costs

Salaries	\$241,586
Benefits	59,111
Goods & Services	23,510
Travel	6,509
Equipment	6,598
Inter-Agency Agreement	-15,633
Total CHS Administrative Cost	\$321,680

For a list of clinics, services, and addresses or more information on CHS programs, please visit our web site: <http://www.chs.hca.wa.gov> or by email at: chs107@hca.wa.gov

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